

**TENNESSEE BUREAU OF
INVESTIGATION
VOLUNTEER INTERNSHIP PROGRAM**



**TBI TRAINING DIVISION
UPDATED JULY 2012**

TENNESSEE BUREAU OF INVESTIGATION
VOLUNTEER INTERNSHIP PROGRAM

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TENNESSEE BUREAU OF INVESTIGATION VOLUNTEER INTERNSHIP PROGRAM

Introduction

The Tennessee Bureau of Investigation (TBI) Volunteer Internship Program Manual was developed to:

1. Provide the intern with an overview of the history of the Tennessee Bureau of Investigation and its divisions;
2. Define the scope and purpose of the TBI Volunteer Internship Program;
3. Familiarize the intern with the goals and objectives of the TBI Volunteer Internship Program;
4. Establish guidelines for the intern to follow during the application process, as well as during his/her internship; and
5. Establish standard operating procedures for the Training Division and other Bureau employees to follow before and during the internships.

The Tennessee Bureau of Investigation is committed to providing quality internship opportunities to students who are enrolled in Tennessee accredited colleges and universities. The Training Division has developed the TBI Volunteer Internship Program, which is designed to correlate the interns' classroom studies with the career-related experiences from their internships.

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Volunteer Internship Program-Goals & Objectives

The Tennessee Bureau of Investigation (TBI) Volunteer Internship Program allows students to learn how a state investigative agency functions. The main goal of the TBI Volunteer Internship Program is to supplement the intern's classroom education with practical experience by exposing the intern to a variety of administrative and investigative activities.

Objectives of the TBI Volunteer Internship Program include the following:

1. To help the intern to understand and demonstrate professional values, ethics, and principles;
2. To help the intern learn the function of the state investigative agency and how it relates to other law enforcement agencies and the criminal justice system; and
3. To expose the intern to a variety of administrative and investigative support functions at TBI Nashville Headquarters, TBI Forensic Laboratories, and TBI Field Offices whenever possible.

The intern will gain a more realistic picture of the TBI by observing and participating in its administrative and investigative support functions during his/her internship. Interns who are considering a career in law enforcement will also acquire a better understanding of what the decision involves.

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Volunteer Internship Program Overview

The Tennessee Bureau of Investigation (TBI) Volunteer Internship Program is an unpaid internship opportunity for full-time students that are interested in a criminal justice or forensic career and are pursuing an undergraduate, graduate or post-graduate degree from an accredited college or university. The program provides an exciting insider's view of TBI operations and gives the student a chance to explore career opportunities within the Bureau.

The Volunteer Internship Program, which is administered by the TBI Training Division, provides students the opportunity to work at TBI headquarters in Nashville, Tennessee, as well as TBI field office locations whenever possible. The Training Division is responsible for coordinating:

- the receipt of intern applications;
- background investigations on all interns;
- orientation and scheduling all interns;
- supervision of all interns;
- counseling interns, whenever necessary;
- evaluation(s) of the interns' performance; and
- record retention on all interns.

The Assistant Director of the Training Division or his/her designee is responsible for the overall supervision of the TBI Volunteer Internship Program.

There are two types of internships that students can apply for at TBI. The first type of internship allows the student to spend two weeks in five units within the Training Division, the Criminal Investigation Division, the Drug Investigation Division, and the Information Systems Division at TBI Headquarters in Nashville, Tennessee. The second type of internship allows the students to spend the entire ten weeks in one of the TBI's Forensic Crime Laboratories in Nashville, Knoxville, or Memphis. (See the Eligibility section of the TBI Volunteer Internship Program Guidelines for more detailed information regarding the requirements for each type of internship.)

Internships are available at TBI during the spring, summer, and fall semesters. (See the Application Process section of the TBI Volunteer Internship Program Guidelines for

deadline application dates for each semester.) The number of interns selected to participate in the Forensic Division or the other divisions is contingent on the needs of the Bureau during the spring, summer, and fall semesters.

All internships are unpaid. Interns should be aware that they are responsible for their travel and commuting costs while they participate in the TBI Volunteer Internship Program. They will be allowed to ride in Bureau vehicles during their internship after signing a liability release.

The numbers of hours that are required for each of the two types of internships are discussed in the Eligibility section of the TBI Volunteer Internship Program Guidelines. More hours may be required if the intern is receiving college credit for his/her internship. Any student seeking academic credits from his/her school for the TBI internship must submit a request to the Assistant Director of the Training Division prior to the beginning of the internship.

An internship with the TBI will expose the intern to a variety of activities, including but not limited to, the following:

- Internet Research
- Preparing Power Point Presentation
- Assisting in the Preparation of Student Handouts/Notebooks for Bureau Training (i.e., contacting speakers to obtain bios, outlines, etc.)
- Data Entry and Analysis
- Observation of Investigative Activities (i.e., interviews, search warrants, surveillance, review & analysis of records, etc.)
- Observe Crime Scene
- Attend an Autopsy
- Observe Agent's Court Testimony
- Observe & Participate in Bureau Training (i.e., firearms, BCIS, City/County CIS, State Academy, etc.)

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Internship Program Guidelines

The Tennessee Bureau of Investigation (TBI) Volunteer Internship Program, which is administered by the TBI Training Division, is a valuable learning experience for college and university students who are interested in a criminal justice or forensic career. Internships, which last ten weeks, are available at TBI during the spring, summer and fall semesters

ELIGIBILITY FOR FORENSIC CRIME LABORATORY INTERNS

Volunteer intern applicants for one of the TBI Forensic Crime Laboratories, which are located in Nashville, Knoxville and Memphis, must meet the following criteria:

- Must be a United States citizen who is at least 18 years old.
- Must be senior status at a college or university for Forensic Crime Laboratory interns.
- Must be recommended by a college/university faculty member to participate in the TBI Volunteer Internship Program.
- Must have a cumulative grade point average (GPA) of 3.0 or above on a 4.0 scale for the Forensic Crime Laboratory interns.
- Must have completed a minimum of eighteen semester hours in chemistry.
- Must be willing to work five full work days if assigned to the Forensic Crime Laboratory.
- Must be willing to participate for a minimum of ten weeks.
- Must pass an extensive background check.

ELIGIBILITY FOR ALL OTHER INTERNS

All other interns will spend their ten week internship in five TBI units within the Training Division, the Criminal Investigation Division, the Drug Investigation Division, and the Information Systems Division at TBI Headquarters in Nashville, Tennessee. Whenever possible, an intern may spend his/her internship in one of the TBI regional offices. Volunteer intern applicants must meet the following criteria:

- Must be a United States citizen who is at least 18 years old.
- Must be junior or senior status or first year graduate student.

- Must be recommended by his/her college or university faculty member to participate in the TBI Volunteer Internship Program.
- Must have a 2.5 or higher cumulative grade point average (GPA).
- Must be willing to work a minimum of two full work days (15 hours) per week. More hours may be required if the intern is completing the internship for college credit.
- Must be willing to participate for a term of at least ten weeks.
- Must pass an extensive background check.

APPLICATION PROCESS FOR ALL TYPES OF INTERNS

The following documentation must be submitted to the TBI Training Division by all intern applicants for the TBI Volunteer Internship Program:

1. A resume.
2. A 500 word essay on why the applicant wants to be an intern with TBI and how the internship fits in his/her overall career plans.
3. A letter indicating which semester and where the applicant would like to intern. (NOTE: Most of the internships will be done at TBI Nashville Headquarters or the Nashville Forensic Crime Laboratory; whenever possible, internships may be done at another regional office/laboratory.)
4. A written recommendation letter from a college or university faculty member.
5. A certified copy of applicant's college or university transcripts.
6. TBI Level 2 Security Clearance Application. (See Attachment A for blank application.)

The deadline date for applying for an internship for each semester is as follows:

- September 1 for the spring semester
- February 1 for the summer semester
- April 1 for the fall semester

The applicant should send the above-mentioned documentation to the TBI Training Division at TBI Headquarters at 901 R.S. Gass Boulevard, Nashville, Tennessee 37216. Any questions should be directed to the Training Division at (615) 744-4374. A log of all internship applicants will be maintained by TBI Training Division personnel. (See Attachment B for log of Internship Applicants.)

The Assistant Director of the Training Division or his/her designee will review the intern applications to determine if the students meet the internship program qualifications.

Initial selection of interns will be based on a combination of each applicant's essay, recommendation letter, life/work experience, academic achievement, and relevant skills.

Preference will be given to applicants pursuing one of the following degrees:

Law	Chemistry
Criminal Justice	Medical Technology
Psychology	Computer Science
Biology	Accounting

BACKGROUND INVESTIGATIONS

Each of the interns who are initially selected will appear before an interview panel lead by the Assistant Director of the Training Division at TBI Nashville headquarters. The panel will decide which interns will be fingerprinted and given a TBI Level 2 Security Clearance Application to complete.

Because the background investigation will take several weeks to complete, the applicant should submit his/her completed application to the TBI Training Division within ten days. Incomplete applications will not be accepted.

Applicants will not be selected for the TBI Volunteer Internship Program if the background investigation reveals any of the following:

- Prior convictions for a felony or for misdemeanors of a high and aggravated nature.
- Deliberate misrepresentation or falsification of any application or background information.
- Conduct or activity which reflects a disregard for state or federal laws or which conflicts with the standards of behavior or ethical principles of the TBI.
- Deliberate misrepresentation of illegal drug history in connection with the application.
- Illegal use of any drug, other than experimental use of cannabis.
- Deliberate association with individuals who participate in criminal activity.
- Driver's history that suggests a pattern of disregard for the law.
- Credit history that suggests fiscal irresponsibility.

An acceptance letter will be sent to the interns who successfully complete their background investigations. (See Attachment B for a copy of the acceptance letter

template.) The letter will contain contact information for the Training Division where all of the interns will originally report for orientation, as well as the date and time when the intern will report. A copy of the TBI Volunteer Internship Program Manual will be included with the acceptance letter.

ORIENTATION

All interns will report to the Training Division for orientation on their report date. Training Division personnel will conduct the orientation, which includes an overview of:

- History of the Tennessee Bureau of Investigation (TBI);
- TBI's organization structure and programs; and
- TBI's statutory authority.

In addition, during their orientation the interns will receive a tour of the TBI Nashville headquarters, be taken to get their photo identification lanyards, and sign a TBI Memorandum of Understanding regarding confidentiality (See Attachment D.) and Vehicle Release of Claim for Person Injury and/or Property Damage (See Attachment E.).

After the orientation is completed, the Training Division personnel will provide each of the interns with their internship assignments. The interns will be introduced to the supervisor in the division where they will initially be assigned.

CLOTHING

All interns will be expected to dress in professional attire as is appropriate for their job assignments. No intern will wear any article of clothing that would identify him/her as a TBI employee at any time.

FIREARMS

No intern will carry firearms (Bureau or personal) during the internship program. There are no exceptions. A violation of this policy calls for immediate termination from the internship program.

OTHER EQUIPMENT

Other items deemed necessary for the intern's successful performance on a specific assignment shall be obtained from the SAC/ASAC/ Supervisor where the intern is assigned.

BUREAU VEHICLES

Interns will under no circumstances drive Bureau vehicles. Interns must all sign a "Vehicle Release of Claim for Personal Injury and/or Property Damage" form (TBI BI-0218) during orientation in order to ride in Bureau vehicles during their internship. (See Attachment E for copy of form.)

EXPENSES

If, during the performance of duties required by SAC/ASAC/ Supervisor where the intern is assigned, the intern incurs expenses which would be reimbursable to a full-time Bureau employee, he/she may submit an expense claim for said expenses to the SAC/ASAC/ Supervisor, who after approval, will forward the claim to the Fiscal Services Unit. The intern must obtain prior approval from the SAC/ASAC/Supervisor before incurring the expenses.

INTERN EVALUATION

Interns assigned to the Forensic Crime Laboratories will be evaluated at the end of the ten week internship using the Intern Evaluation found in Attachment F of the TBI Volunteer Internship Program Manual. Interns assigned to the other TBI Divisions will be evaluated at the end of their two week rotation in the Training Division, Medicaid Fraud Control Unit, Criminal Investigation Division, Drug Investigation Division, and the Information Systems Division using the Intern Evaluation found in Attachment F. All evaluations should be forwarded to the attention of Assistant Director Richard Moore in the TBI Training Division.

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Rules and Regulations

1. During orientation, TBI Training Division personnel will meet with the interns to determine when they will be available to work. Interns assigned to the Forensic Crime Laboratory must work five days a week for the ten week internship. All other interns will work no less than two days (15 hours) per week. Training Division personnel will explain to these interns how they will rotate during the ten week internship schedule between the Training Division, Criminal Investigation Division (CID), Drug Investigation Division (DID), and Information Division.
2. Normal business hours at TBI Nashville Headquarters are 8:00 a.m. to 4:30 p.m., Monday through Friday. No intern will be permitted to work prior to 8:00 a.m. or later than 4:30 p.m. at TBI headquarters. They may, however, work different hours if they are working in the field with Special Agents in CID or DID.
3. Anticipated tardiness will be reported via telephone to the SAC/ASAC/Supervisor where the intern is assigned at least fifteen (15) minutes prior to expected arrival time.
4. Every instance of tardiness or absence must be justified and will be reported in writing to the Assistant Director of the Training Division by the SAC/ASAC/Supervisor where the intern is assigned. Only two unexcused absences will be permitted. More than two will result in termination from the internship program.
5. Illness or injury while on duty must be reported immediately to the SAC/ASAC/Supervisor where the intern is assigned and the Assistant Director of the Training Division.
6. Interns will be issued a photo identification lanyard which will be worn at all times while on duty. It must be clearly visible at all times. Interns are not permitted to identify themselves as TBI Special Agents or employees of the Bureau.
7. Good grooming is expected of all interns at all times. Elaborate hairstyles, excessive jewelry, and heavy use of perfume or cologne are discouraged.
8. Smoking is prohibited in all TBI buildings and facilities. Before using any tobacco products while with a Bureau employee, permission should be obtained.
9. Each intern is expected to conduct him/herself in an exemplary manner while affiliated with the Bureau. This program is structured to provide a learning experience for the intern, and questions or comments are

encouraged. It is expected that these will be expressed in such a way as to show proper respect for Bureau personnel. Insubordination will not be condoned.

10. Interns may not bring alcoholic beverages of any kind onto TBI property. Any intern, who in the judgment of the mentor and/or SAC/Supervisor or Human Resource Director is intoxicated during work hours, is subject to dismissal from the internship program immediately.
11. Drug usage in any form, other than medication prescribed by an attending physician, will not be tolerated.
12. Intimate fraternization between interns and Bureau employees or those affiliated with the Bureau is prohibited during the internship program.
13. No gambling or any other form of wagering will be tolerated while on Bureau grounds.
14. No racial or sexual comments, jokes, etc. will be condoned. Incidents of sexual harassment or racial bigotry are to be reported immediately to the Assistant Director of the Training Division.
15. Any violation of these rules will subject the intern to possible dismissal from the internship program.

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Intern's Chain of Command

1. Intern's chain of command will be as follows for day-to-day activities:
 - a. Special Agent assigned to work with;
 - b. Assistant Special Agent in Charge (ASAC) [Criminal Investigation Division (CID)/Drug Investigation Division (DID)/Training Division (TD)] or Supervisor [Information Systems (IS)/Forensic Division (FD)]
 - c. Special Agent in Charge (SAC) [Criminal Investigation Division (CID)/Drug Investigation Division (DID)/Training Division (TD)] or Regional Crime Lab Supervisor (RCLS) [FD]
 - d. Assistant Director of the Training Division
2. For matters not directly related to the intern's assignment, the intern should speak directly with the Assistant Director of the Training Division.
3. Orders given by Special Agents and/or ASAC/SAC/Supervisors/RCLS will be followed immediately unless there is an articulate reason why to do so would be problematic or dangerous.
4. Violation of any of the rules, regulations, orders, or procedures will be administered through the Assistant Director of the Training Division. All violators will be recorded on a counseling statement (See Attachment G.) and submitted to the Assistant Director of the Training Division.



TENNESSEE BUREAU OF INVESTIGATION LEVEL II SECURITY CLEARANCE APPLICATION

PURPOSE, USE, AND EFFECTS OF NON-DISCLOSURE OF INFORMATION:

Your Social Security Account Number (SSAN) is requested for the purpose of possible access to school records, credit reports, medical records and other information on you that might be filed by SSAN and which would be part of any background investigation that might be conducted. Furnishing your SSAN is optional and is not required by state or federal statute.

Because this application requests both optional and mandatory data, it is in your best interest to fully and truthfully answer all questions. A false answer to a question in the application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All information you give will be considered in reviewing your application.

INSTRUCTIONS AND INFORMATION

GENERAL: This information has been prepared for your aid in completing the application. Each question must be answered. If there are questions that are not applicable to you, please indicate this fact by the notation "N/A" in the appropriate space. If additional space is needed for any section or question on the application, or if you wish to furnish additional information, attach sheets of the same size as this application and number your answers to correspond to the questions.

The application should be typed or completed in black ink and must be clear and legible. Where necessary, in order to provide a complete answer, additional 8 ½" x 11" sheets can be attached specifying continuation of a particular block of information.

COMMON AREAS OF OMISSION: We find that some applicants exclude middle names of relatives, personal references, and acquaintances. If a person does not have a middle name, indicate (NMN), meaning no middle name. If you are unable to furnish complete information concerning your relatives or acquaintances, give sufficient explanation. Nicknames should not be used.

If you have ever served in the Armed Forces, indicate in Part II by each address if you lived on or off base, including overseas tours. If you have a relative currently in the military, indicate complete address, including Military Serial Number, branch of service and whether or not his/her residence is on or off base.

Mail your completed application and attachments to the address below (unless instructed otherwise):

Tennessee Bureau of Investigation
901 R.S. Gass Boulevard
Nashville, TN 37216-2639

PLEASE DETACH THIS SHEET PRIOR TO SUBMITTING APPLICATION

TENNESSEE BUREAU OF INVESTIGATION

LEVEL II SECURITY CLEARANCE APPLICATION

Date: _____		Position applying for: _____	
I. PERSONAL HISTORY			
1. Name in Full (Last, First, Middle)		2. List all other names you have used, including nicknames. If female, furnish maiden names. If you have ever used any surnames other than your true name, during what period and what circumstances were those names used? If you have ever legally changed your name, give date, place and court.	
3. Birth Date (Month, Day, Year)		4. Place of Birth	
5. Age	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Social Security Number	8. Driver License Number (State)
9. Marital Status a. <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		10. Number of Children	
11. Citizenship a. Present citizenship (Country) _____ c. Date and place naturalized _____ b. Citizenship acquired by <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalization d. Naturalization Certificate Number _____			

II. RESIDENCES

Current Address						
Street Address _____ Apt. No. _____		Home Phone _____ Area Code _____ Number _____				
City _____ State _____ Zip Code _____		Work Phone _____ Area Code _____ Number _____				
Legal County of Residence _____						
In the event this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish your current address and phone number. <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Name _____</td> <td style="border: none; width: 20%;">Relationship _____</td> <td style="border: none; width: 30%;">Telephone Number _____</td> </tr> </table>				Name _____	Relationship _____	Telephone Number _____
Name _____	Relationship _____	Telephone Number _____				

Appliant must list all residences since high school. Include address while at college and in military, as well as family-owned vacation homes. For college on-campus residences, give dorm name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state, and country. If post office box, give location of post office.

From (Month/Year)	To (Month/Year)	Apt. No.	Street Address	City	State

III. EDUCATION

1. High School			
Name of High School/Issuer of GED	Address (City, State)	Years Attended	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

2. College or University (Attach certified transcript in sealed envelope)					
Name and location of College or University	Subject		Years Attended From-To	Degree Received	GPA
	Major	Minor			
a.					
b.					
c.					

3. Specialized Schools			
Name and Address of School	Study or Specialization	From	To
a.			
b.			

IV. EMPLOYMENT HISTORY

Note: LIST MOST RECENT EMPLOYMENT FIRST. Include chronological history of employment starting with current or most recent position. Account for all periods, including casual employment and all periods of unemployment. Be sure to include military experience, if applicable. If additional space is needed, attach additional sheets using same format.

1. Name & Address of Employer	Dates Employed	Salary/Earnings	Average No. hrs/wk.	Place of Employment
	<div style="display: flex; justify-content: space-between;"> From Mo/Yr To Mo/Yr </div>	<div style="display: flex; justify-content: space-between;"> Starting \$ _____/mo. <input type="checkbox"/> Full-time _____ </div> <div style="display: flex; justify-content: space-between;"> Ending \$ _____/mo. <input type="checkbox"/> Part-time _____ </div>		City: _____ State: _____ Phone: _____
Exact Title of Your Position	Name of Immediate Supervisor _____ Phone Number: () -		Reason for Leaving	
Description of work. (Describe specific duties, including supervisory, managerial, or scientific professional experience.)				
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes to the above question concerning disciplinary action during previous employment, provide a detailed description of the events.				
2. Name & Address of Employer	Dates Employed	Salary/Earnings	Average No. hrs/wk.	Place of Employment
	<div style="display: flex; justify-content: space-between;"> From Mo/Yr To Mo/Yr </div>	<div style="display: flex; justify-content: space-between;"> Starting \$ _____/mo <input type="checkbox"/> Full-time _____ </div> <div style="display: flex; justify-content: space-between;"> Ending \$ _____/mo <input type="checkbox"/> Part-time _____ </div>		City: _____ State: _____ Phone: _____
Exact Title of Your Position	Name of Immediate Supervisor _____ Phone Number: () -		Reason For Leaving	
Description of work. (Describe specific duties, including supervisory, managerial, or scientific professional experience.)				
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes to the above question concerning disciplinary action during previous employment, provide a detailed description of the events.				

3. Name and Address of Employer	Dates Employed		Salary/Earnings Starting \$ _____ /mo Ending \$ _____ /mo	Average No. hrs./wk. <input type="checkbox"/> Full-time _____ <input type="checkbox"/> Part-time _____	Place of Employment
	From	To			
	Mo/Yr	Mo/Yr			
Exact Title of Your Position		Name of Immediate Supervisor _____ Phone Number: () -		Reason for Leaving	
Description of work. (Describe specific duties, including supervisory, managerial, or scientific professional experience.) _____ _____					
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes to the above question concerning disciplinary action during previous employment, provide a detailed description of the events. _____					

V. MILITARY RECORD

1. Are you registered for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Location (City and State) _____	
2. Have you ever served on active duty in the Armed Forces of the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Branch of Military Service: _____	
4. Type of Discharge Basis: _____	5. Dates of active duty (month, day, year) From: _____ To: _____
6. Member of Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ready Reserve <input type="checkbox"/> Standby Branch of Service? _____	
8. Was any type of disciplinary action taken against you in the service? Be sure to include nonjudicial punishment(s) if applicable. <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ _____	

VI. ORGANIZATIONAL MEMBERSHIP

1. Are you now, or have you ever been a member of any club, society or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below: Do not Abbreviate.				
Name	City, State	Former	Present	If Present, List Position & Extent of Activity

VII. SPECIAL QUALIFICATIONS AND SKILLS

1. Do you have foreign language ability <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate your proficiency in each phase of each foreign language, listed as "slight," "good," or "fluent."				
Name of Language	Speak	Understand	Read	Write

2. Are you a member of the bar? ☐ Yes ☐ No Date _____ State(s) _____

3. Are you a CPA? ☐ Yes ☐ No Date _____ State(s) _____

4. Are you a licensed pilot? ☐ Yes ☐ No Ratings held: _____

5. Please list any other licenses or certifications you possess: _____

6. Have you ever been the subject of a complaint to any regulatory board concerning a license that you hold or have held? ☐ Yes ☐ No
Details: _____

VIII. COURT RECORD

Have you EVER:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Been arrested, cited, or detained by any law enforcement officer (including military officers)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Been charged with committing any crime or offense as a juvenile or adult? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Been convicted/found to have committed, pled guilty, or plead no contest to any crime or juvenile offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Been placed in an alternative sentencing or rehabilitative program as a juvenile or adult
(For example: diversion, deferred prosecution, withheld adjudication)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Received a suspended sentence, been placed on probation, or been paroled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Been in Jail, Prison, or Juvenile or Youth Detention Facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Been charged with DUI or DWI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Been included on an abuse registry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Been the subject of a protection order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Had any member of your immediate family convicted of a crime other than minor traffic violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Had a record expunged (commissioned Law Enforcement ONLY) if so, why was the record expunged (ie: pretrial, judicial diversion, dismissal, acquittal, etc.) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "YES" to any of questions 1-11, complete the following table: (if you need more space, use a separate sheet)

Date	Place & Department	Charge	Court & Place	Disposition	Details
Relatives' Names	Place & Department	Date & Charge	Court & Place	Disposition	Details

12. Have you ever been a plaintiff or defendant in a court action? ☐ Yes ☐ No If yes, complete the following table: (if you need more space, use a separate sheet)

Date	Place	Court	Name of Parties Involved	Nature of Action	Final Disposition

IX. REFERENCES AND SOCIAL ACQUAINTANCES

Give at least four references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
		Business Address: _____
Yrs. Acq:	Occupation:	Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
		Business Address: _____
Yrs. Acq:	Occupation:	Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
		Business Address: _____
Yrs. Acq:	Occupation:	Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
		Business Address: _____
Yrs. Acq:	Occupation:	Business Phone: Area Code (____) _____

List social acquaintances (including both sexes) that have known you well. Preferably those who have known you during the past five years.

Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
Yrs. Acq:	Occupation	Business Address: _____
		Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
Yrs. Acq:	Occupation	Business Address: _____
		Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
Yrs. Acq:	Occupation	Business Address: _____
		Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
Yrs. Acq:	Occupation	Business Address: _____
		Business Phone: Area Code (____) _____

X. PERSONAL DECLARATIONS

1. Do you or have you ever used alcohol or any other intoxicants? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. If so, to what extent?	
3. Do you use or have you ever used such items as marijuana, hashish, cocaine, LSD, amphetamines, heroin, or any other illegal controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. If answer to Question 3 above is Yes, complete the following items for each drug used: a. Drug _____ b. How taken _____ c. Circumstances _____ d. How many times used _____ e. First time used _____ f. Last time used _____			
5. Have you ever declared, or are you about to declare bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date, location, and circumstances. _____			
6. Are you now or have you ever been delinquent in payment of alimony or child support <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date, location, and circumstances. _____			
7. List the names of all social media networking sites, websites, gaming websites or blogs you are currently a member of, administer, maintain or post on regularly (i.e. Facebook, Twitter, MySpace, YouTube etc...) for personal or professional use. Also, list your user/profile names you currently use for each. _____ _____			
8. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person who you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below or attach a separate piece of paper, appropriately numbered, giving your version of this/these incidents. _____ _____			
<p>I understand that this application is not for employment with the TENNESSEE BUREAU OF INVESTIGATION. This application is for a SECURITY CLEARANCE ONLY. All statements I have made in this Security Clearance Application are true and I understand that any false statement in the application will preclude me from a security clearance and may be grounds for not being selected for employment, or being dismissed after beginning work. All statements are subject to investigation, including a check of my fingerprints, police records, former employers, and references.</p>			
Signature _____		Date _____	
Witness _____		Date _____	



TENNESSEE BUREAU OF INVESTIGATION
AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized Agent of the Tennessee Bureau of Investigation, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment; employment or pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and records or lawsuits, criminal or civil including all criminal history information, juvenile arrest and/or adjudication information, if applying for a commissioned position all expungement information, in which I presently have, or have had, an interest.

I also certify that any person who may furnish such information concerning me shall not be held responsible for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Tennessee Bureau of Investigation and the State of Tennessee from any and all liability that may be incurred as a result of collecting such information.

I have read and fully understand the contents of this Authorization for Release of Information.

<p>_____ Print Full Name of Applicant (Include maiden name, if applicable)</p> <p>_____ Social Security Number</p> <p>_____ Signature</p> <p>_____ Witness</p>	<p>Address: _____ _____ _____ _____ _____ Phone Number _____ _____ Date of Birth _____ _____ Date _____</p>
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TENNESSEE BUREAU OF INVESTIGATION

Credit Report Disclosure

NOTICE OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

15 United States Code Sec. 1681b(B)(2) states as follows:

- (2) Disclosure to consumer – A person may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to any consumer, unless –
 - (A) a clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; and
 - (B) the consumer has authorized in writing the procurement of the report by that person.

15 United States Code Sec. 1681b(B)(3) states as follows:

- (3) Conditions on use for adverse actions – In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates –
 - (A) a copy of the report; and
 - (B) a description in writing of the rights of the consumer under this subchapter, as prescribed by the Federal Trade Commission under section 1681g(c)(3) of this title.

The Tennessee Bureau of Investigation may seek to obtain your consumer credit report as part of a background investigation and/or during the employment process. Pursuant to the above statute, be advised that you are entitled to notice (via this document) before the TBI may obtain your consumer credit report. In addition, you must voluntarily complete the attached form authorizing the TBI to obtain a copy of your consumer credit report before the TBI can obtain a copy of that report.

If adverse action is taken in whole or part as a result of review of the report, you will be provided with a copy of that report and a description in writing of your rights under the above statute.



Tennessee Bureau of Investigation Credit Report Release

AUTHORIZATION FOR TBI TO OBTAIN CONSUMER CREDIT REPORT

I have read the statement of my rights under the Fair Credit Reporting Act on the TBI Credit Report Disclosure form. I understand that the Tennessee Bureau of Investigation must provide me with a conspicuous disclosure that a consumer credit report may be obtained for employment purposes, and that TBI must secure my written permission before procuring a copy of my consumer credit report to review for employment.

I hereby authorize the Tennessee Bureau of Investigation to obtain a copy of my consumer credit report to be considered in connection with a background investigation that is being conducted for employment purposes. This authorization is given freely and voluntarily.

Prospective Employee/Background Subject

Date



BILL HASLAM
Governor

TENNESSEE BUREAU OF INVESTIGATION

901 R.S. Gass Boulevard
Nashville, Tennessee 37216-2639
(615) 744-4000
Facsimile (615) 744-4500
TDD (615) 744-4001



MARK GWYN
Director

MEMORANDUM OF UNDERSTANDING

The Tennessee Bureau of Investigation, in cooperation with _____ University, has agreed to offer the opportunity for students in the TBI Volunteer Internship Program to correlate their classroom studies with career-related experiences by working with employees and Special Agents of the TBI.

CONFIDENTIALITY

All reports and activities relating to investigations and functions of the TBI are restricted and are confidential. It must be understood and agreed upon by the intern that any matters relating directly or indirectly to these functions, investigations, and reports, whether spoken, written, electronically transmitted, or made known to the intern by any other means, are to be held strictly confidential, are not to be discussed with or revealed to anyone except Bureau employees with whom the intern is working or his/her SAC/ASAC/Supervisor.

It must be understood that if said intern violates this agreement he/she not only may be terminated by the Bureau from the TBI Volunteer Internship Program, but also could be subjected to criminal prosecution as set forth in TCA 10-7504(a)(2).

I, _____, have read the above Memorandum of Understanding, and thoroughly understand the contents thereof. I agree to abide by the provisions of this Memorandum with the understanding that I could be subject to criminal prosecution for violating the confidentiality described herein.

DATE

SIGNATURE OF INTERN

Sworn and subscribed to me, this _____ day of _____, 2012.

NOTARY PUBLIC

My commission expires



INTERNATIONALLY ACCREDITED SINCE 1994